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Montana Responds to STD/HIV

WINTER 2002

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2002 Governor's Awards for HIV/AIDS Recognition Held in Capitol Rotunda

On December 6, 2002 the Governor's Awards for HIV/AIDS Recognition were held in the State Capitol Rotunda. The ceremony honored seven individuals from across the state for outstanding contributions to HIV/AIDS Prevention efforts.

The Office of Public Instruction recognized three individuals from the Public School System: **Shelly Buhr**, a Health Enhancement Teacher in Ronan; **Janet Sucha**, a Grants Specialist in Ronan; and **Kim Schneider**, a Health Enhancement Teacher in Whitefish.

The Department of Public Health and Human Services recognized **Becky Ketterling**, Executive Director, Yellowstone AIDS Project, Billings; **Judy Nielsen**, Ryan White Title II Program Manager, Helena; **Kathleen Gilluly**, AIDSpirit Volunteer, Billings; and **Melinda Wellman**, Pharm.D, pharmacist and volunteer, Missoula.

We thank you for all your hard work in the area of HIV Prevention. You are making a difference in the lives of many Montana citizens!

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Dates to Remember in 2003

SPG Meetings:
February 7-8, Helena
April 11-12, Bozeman Area
July 18-19, Billings
For more information contact:
Gina Mallett
(406) 444-3566

Community Planning Leadership Summit
March 12-15, New York City

HIV Prevention Conference
July 27-30 Atlanta, GA

HIV/STD Prevention in Rural Communities
March 28-30 Bloomington, Indiana

Montana HIV/STD/Hepatitis Conference
May 20-21 Helena, MT

HIV Prevention Community Planning by Gina Mallett

Community planning is actually a very old concept. It is based on community members working together to achieve the safety of an entire group. In the case of HIV prevention community planning, we are trying to prevent the spread of HIV infection as well as to support those who have been infected and impacted by HIV/AIDS.

Montana receives an annual grant from the Centers for Disease Control and Prevention (CDC) to fund its community planning group and HIV prevention services providers. The CDC also provides The Guidance, the blueprint planning groups follow when they create a comprehensive HIV Prevention Plan. Montana's planning group, the Statewide Planning Group (SPG), includes HIV infected and affected individuals, various community members, HIV prevention providers and service agencies, local health officials, community-based organization representation, Native American representation, and representatives from state agencies. The Montana State Department of Public Health and Human Services (DPHHS) adheres to the guidelines and priorities listed in the Plan when implementing prevention services contracts.

The SPG usually meet three times a year at various locations around the State. SPG meeting agenda items include topics such as epidemiological data that assess and describe the extent, distribution of HIV/AIDS in Montana, needs assessment data to determine Montana's response to the epidemic, identification of met and unmet HIV prevention needs within the high-risk populations, and identification of potential strategies and interventions that can be used by services providers. Various standing committees and workgroups meet throughout the year to address related tasks.

Because community planning is an ongoing, comprehensive planning process, the SPG held a fourth meeting in October to assess its structure and discuss upcoming changes to the CDC Guidance. The SPG Restructure/Bylaws Workgroup was established to prepare an organizational recommendation to the SPG at its February 2003 meeting.

Community planning is an opportunity for many people to come together at one table and discuss where we should go and what we should do in the fight against HIV/AIDS. If done correctly, the main goal of community planning is to end the epidemic. HIV prevention community planning needs your voice and your support to be effective. You can have a direct bearing on how HIV prevention is implemented in Montana. Please decide to be an effective community member and participate, as you are able to in this prevention process. Tomorrow's reality begins with you, today.

HIV SAFE System by Amy Kelly

The Montana HIV SAFE (Statewide Activity For Evaluation) system facilitates the collection and reporting of data used for HIV intervention planning and monitoring. The Montana HIV SAFE System allows the capture and tracking of both non-identified individual and group demographic information through various forms of intervention.

During 2002 HIV prevention services contractors have been trained and are using this system. Over the year contractors have identified corrections to the System. These corrections will be moved to the production database before the new year. For CY 2003 we will have a few new contractors being trained on SAFE. Overall the HIV SAFE System goals have been met. We can provide the following functions with this system: HIV intervention planning, tracking, reporting, evaluation, and state administration.

"Sharing our Stories: Strengthening Frontier HIV/ STD/Hepatitis Prevention Efforts" by Margaret Souza

Planning is underway for the annual conference on prevention efforts for sexually transmitted diseases, HIV/ AIDS, and hepatitis. The conference will be held May 20-21, 2003 at Carroll College in Helena. Mark your calendars for these important dates and plan to attend.

Currently we are issuing invitations to National Speakers to address issues of prevention among populations at risk. As you know, prevention messages must be targeted to unique populations with interventions that are proven to work within that given population. Therefore, we are conversing with speakers who can address injecting drug users needs, gay men's needs, heterosexual needs and how to reach those populations in the rural setting. We are collaborating with the Immunization Section, CDC, HRSA, and the STD Prevention Training Center to achieve a comprehensive conference that will meet Montana's needs. Attendees should include, health care professionals, mental health professionals, CD counselors, PA, NP, Public Health nurses, those infected with any of these diseases or anyone interested in learning the latest prevention efforts.

For input into the planning of this conference, call Margaret Souza at 444-2675 or email your suggestions to msouza@state.mt.us

Great Montana Presence at the Harm Reduction Conference in Seattle

"Taking Drug Users Seriously" was the name of the most recent Harm Reduction Conference held in Seattle the first week of December 2002. This was the most worthwhile conference for anyone who works with potential drug users in any capacity. Look for it again in 2004!

Harm Reduction Services hosted a Montana specific gathering one evening. There were thirty people present representing many areas of health care throughout the state. We hope to capitalize on the enthusiasm generated at this conference to create a Montana Harm Reduction Coalition. This would include people from homeless shelters, mental health, chemical dependency centers, state and county employees who ban together to share ideas. If you are interested in being part of this coalition call Vicki Peterson at (406) 721-3377.

HAPPY NEW YEAR from the DPHHS STD/HIV Staff

Pictured left to right:
Bruce Deitle, Section Supervisor
Gina Mallett, Planning coordinator
Judy Nielsen, Ryan White Program
Laurie Kops, STD Supervisor
Cindy Beyer, Accounting Technician
Amy Kelly, Quality Assurance
Shelley Brown, Administrative Support

Not Pictured:
Jody Berheim, STD Specialist, and Margaret Souza, Health Educator

MONTANA
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STD/HIV Prevention Section
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Email: msouza@state.mt.us

We're on the
Web:
http://www.
dphhs.state.mt.us/
hpsd/index.htm

Tri-State HELP– (HOPWA Grant) by Elissa Mittman and Steve Woodward

In March 2002, HUD awarded a three-year HOPWA (Housing Opportunities for Persons With AIDS) grant to the states of Montana, North Dakota and South Dakota; otherwise known as Tri-State HELP (Housing Environments for Living Positively). This was the first multi-state grant ever issued by HUD.

On June 24, 2002, Tri-State HELP was implemented in Montana. Eastern Montana is served by Elissa Mittman through the Yellowstone AIDS Project(YAP) in Billings, and Western Montana is served by Steve Woodward through the Missoula AIDS Council(MAC). These two Housing Coordinators work directly with HIV+ clients to provide short and long term financial assistance for rent, mortgages, security deposits and lot rent, as well as link individuals to other local support services, ie. Ryan White funds, HRDC, etc.

This program has been very successful in providing assistance to individuals who may not qualify for other housing programs but exhibit a serious need. Some of the program's achievements include transitioning homeless HIV+ individuals into permanent stable housing, improving the quality of housing, and raising the clients' standard of living.

Eastern Montana - YAP

1. A total of 30 clients have been assisted since its inception.
2. As of December 18, 2002, there are 3 clients enrolled in short-term assistance and 15 clients enrolled in long-term assistance (plus one pending).
3. Three clients have been terminated for a variety of reasons ie death, disappearance, incarceration. All three clients were enrolled in long-term assistance.
4. YAP has recently assisted a number of new Montana residents from Nevada, Colorado, New Mexico, Arizona, and Washington.

Western Montana - MAC

1. A total of 32 clients have been assisted since it inception; 12 clients have been enrolled in short-term assistance and 20 clients have been enrolled in long-term assistance.
2. As of December 18, 2002 there are 10 clients enrolled in short-term assistance and 18 clients enrolled in long-term assistance.
3. Four clients have been terminated; two were enrolled in short-term assistance and two were enrolled in long-term assistance.
4. As of December 18, 2002 four clients have a pending status on their applications. Upon completing their applications, one client will be enrolled in short-term assistance and the other three clients will be enrolled in long-term assistance.

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OUTREACH: Making the Connection

The Immunization Section and the STD/HIV Prevention Section, in collaboration with the Denver STD Training Center, have combined resources to coordinate the 2002 Prevention Conference, entitled *"Outreach: Making the Connection."*

The Hepatitis/HIV/STD Conference will be held June 10, 11, and 12 in Butte at the Ramada Copper King Convention Center . The cost is $25.00 for all, or part, of the three day conference. There will be three concurrent tracks, plenary speeches, and short courses for clinicians. There will be an additional day specifically for clinician training with the Denver STD Training Center staff on Wednesday. An additional fee for the "wet prep class" will be charged. For more information or registration forms, please call Shelley Brown @444-3565 or Margaret Souza @444-2675.

New Funding Model for 2003 HIV Prevention Funds

The DPHHS will award CY2003 HIV prevention services funds using the State of Montana's Request for Proposal (RFP) model. To be eligible to receive funding for HIV prevention services, a proposal must be submitted. A modified RFP process will be available to tribal prevention services providers. However, this does not prohibit tribal health services providers from submitting a proposal through the regular RFP process.

In order to be eligible for the award, applicants must be non-profit, private or public, community based or statewide education and services organizations, groups or agencies.

The HIV Prevention Statewide Planning Group (SPG) RFP Workgroup drafted the Scope of the Project, which states the specific HIV prevention requirements. The State Procurement Bureau incorporates this into the RFP document to complete the final document. The RFP will be advertised the week of April 15, 2002. The deadline for submitting proposals is June 28, 2002. An evaluation committee will evaluate all responsive proposals in July 2002. The Department will award contracts in August.

For more information call Gina Mallett @444-3566.

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Special points of interest:

- Ryan White Statewide Planning Committee
- Advocates for Youth's Campaign
- June 27th - National HIV Testing Day
- Repeat HIV Testers Engage in Risky Behaviors

Terry Peterson Update

Many of you are acquainted with Terry Peterson, who has worked on the STD side of the STD/HIV Prevention Section for nine years. He has been undergoing extensive medical treatment for some time. Ultimately, his condition required a heart pump be inserted into his abdomen and he is awaiting a heart transplant. He is doing very well on the heart pump and his spirits are high. He must stay in the Spokane area until he receives a new heart so his wife, Cheryl, has relocated to Spokane. I'm certain the waiting period will be hard for Terry as he is typically busy with work. He always said the best part of his work was the people he had the pleasure of working with "in the field." I have included Terry's mailing address in the adjacent box.

Terry and Cheryl Peterson
424 West Shannon #B
Spokane, WA 99205

For more information about heart transplants, visit the website for United Network for Organ Sharing @ www.unos.org

This site has some valuable information for interested parties about all organ transplants.

Ryan White Title II Statewide Planning Committee (SPC)

In April of 2001, in order to create a planning council of truly interested parties, all local advisory bodies combined into one statewide group.

The committee will meet at least yearly at the call of the chairperson and/or the Title II grantee program manager. Membership shall include:

- ☐ Six Ryan White Title II clients
- ☐ Two consortia case managers
- ☐ One medical provider that serves MT Ryan White clients
- ☐ Two AIDS service organization representatives
- ☐ One Tribal representative
- ☐ One faith-based organization representative
- ☐ One harm reductions services specialist/street outreach worker
- ☐ One Statewide HIV Prevention Group representative
- ☐ One Title III grantee program manager
- ☐ One Title II grantee program manager
- ☐ One housing services provider

Care will be taken to maintain a membership minimum of 33% PLWH, and to recruit representatives from different geographic areas, female clients and, if possible, minorities. Members will be solicited from each of the seven consortia sites.

Gateway to Donate Olympic PCs to Nonprofits

For more information
Visit: http://www.gateway.com/olympics/donations.shtml

Gateway will donate up to 4,500 computers that were used during the 2002 Winter Olympics to nonprofits across the country. Organizations interested in being considered must complete an online application. Faxed or written applications will not be accepted. These systems were supplied to the Salt Lake Organizing Committee to track official event results, statistics and standings for athletes, coaches, spectators, officials and the media. Grant consideration is limited to organizations recognized by the Internal Revenue Service (IRS) as nonprofits, with priority given to schools and community centers whose programs help to enhance access to technology for traditionally under-served communities.

Upcoming Satellite Broadcasts for HIV Prevention

There are two relevant satellite broadcasts coming up in the near future sponsored by CDC.

The first one scheduled for **April 25th**, is titled, **"Revised Recommendations for HIV Screening of Pregnant Women"** at 11:00 am – 1:00 pm MST.

The second one is scheduled for **May 23rd** titled, **"Effective Behavioral Interventions for HIV Prevention"** at 12:00 – 2:00 pm MST.

For more information or to sign up as a broadcast site, log on to:

www.cdcnpin.org/broadcast

These broadcasts will be taped by the HIV/STD Prevention Section and will be available for loan after the viewing dates. Call Margaret Souza @444-2675 or Shelley Brown @444-3565 for availability of the tapes.

Garlic Press for Positives on Saquinavir

Garlic's famed therapeutic properties have made the bite-size bulbs hugely popular among HIV positive folks. But a recent NIH study reports that in people on the protease inhibitor Saquinavir (Fortovase) who took garlic caplets for a mere three weeks, blood levels of the med were cut by half - a complication that could lead to viral resistance. Worse, this effect lasted for up to 10 days after stopping the herb. And what about garlic's interaction with other PI's? That's a big question mark. And you garlic gourmets who may pause before eating the flavor-filled flowering-well, researchers don't know if cooking neutralizes the effect. For now, the take-home is that if you're on Saquinavir, best leave the garlic for the vampires.

POZ Feb/March 2002

Advocates for Youth Launches 3Rs Campaign

Rights. Respect. Responsibility. These core values underpin Advocates for Youth's national, long-term campaign that seeks to build a society where adolescents are valued, public health policy is driven by scientific research, and sexuality is viewed as a normal and healthy part of being alive.

- Young people have the RIGHT to balanced, accurate, realistic information about sexuality.
- Young people need to RESPECT themselves and each other. Adults need to respect young people by taking them seriously.
- RESPONSIBILITY means that young people protect their health and make the connection between sexuality and values. Young people are capable of making responsible decisions. But society must help by providing them with information, services, and a stake in the future.

For more information about this campaign, visit their website at:

www.rightsrespectresponsibility.org

Or for more information about the comprehensive approach to sexuality education that this organization promotes, visit

www.advocatesforyouth.org

Repeat HIV Testers More Likely to Engage in Risky Behaviors

Despite regular screening for HIV and the accompanying prevention counseling, young men who have sex with men who test repeatedly often become infected with HIV not long after testing negative.

Researchers found that MSM who were repeat testers were more likely to report engaging in recent high-risk behavior and to acquire HIV infection than were first time testers (7% versus 4%). More than 75% of repeat testers who did seroconvert did so within one year of their last reported negative HIV test.

For first-time testers, the medium time to a first HIV test after the first encounter of anal sex was three years. 6% of first-time testers were already infected and did not know it. Of these first time testers, 89% reported having a regular source of healthcare, so access for the majority of them is probably not an

issue.

The authors conclude that the study suggests the need for strengthening practices to identify, counsel and test young MSM. Furthermore, enhanced behavioral interventions for those with persistent risk should be provided.

This study appears in the Jan 1 issue of the *Journal of Acquired Immune Deficiency Syndromes*.

Sharing Drug Injection Equipment, Not Just Syringes, Raises Risk of Hepatitis C Infection

Sharing injection equipment other than syringes can also raise injection drug users' risk of contracting hepatitis C, according to a study published in the April issue of the American Journal of Epidemiology, Reuters Health reports. Dr. Lorna Thorpe of the University of Illinois-Chicago and colleagues followed 702 injection drug users from 1997 to 1999. All of the participants were screened for hepatitis C at the beginning of the study, and those who tested negative were screened again at six-month intervals. About 25% of participants tested positive for HCV at the outset of the study and another 29 seroconverted during the course of the study. After controlling for shared syringe use, the researchers determined that sharing drug "cookers" -- devices used to heat and dissolve drugs such as heroin and cocaine -- increased by four times the risk of HCV infection. Those who shared cotton filters to purify the drug more than doubled their risk of contracting HCV. "This study provides ... evidence that sharing of drug injection paraphernalia other than syringes may cause transmission of HCV among injection drug users," the researchers state, adding, "Prevention messages and campaigns should be revised to alert active injection drug users to the importance of reducing or eliminating all equipment-sharing practices." More than 60% of all new HCV cases in the United States are attributed to injection drug use. Untreated, HCV can lead to serious liver damage and can be fatal (Reuters Health, 4/2).

"Condoms should be used on every conceivable occasion!"

author unknown

Ignorance of How HIV is Spread Has Increased in US

Reuters Medical News

Compared with 1991, more Americans in 1999 believed that HIV is spread by casual contact, and growing numbers blame people with the infections for their illness, according to a report in the March issue of the American Journal of Public Health.

The problem, Dr. Gregory M. Herek told Reuters Health, is that the messages HIV prevention programs were providing during the 1980's and 1990's differ from those of today. An example, he noted, is that "a lot of Americans believe that any type of sex between two men can transmit HIV even when neither is infected with the virus."

"Many educators assumed messages [about how HIV is and is not transmitted] had already gone out, and they assumed they didn't need to keep addressing these issues," he added. "A lot of people have grown up since then and remain uninformed."

About 40% of people surveyed in 1999 believe that HIV could be transmitted via a public toilet, compared with 34% of respondents in the 1991 survey. Roughly one third of respondents in 1991 and 1999 believed that HIV could be transmitted while donating or giving blood, and about half of individuals in all three surveys believed that they could contract HIV by sharing a drinking glass with someone who has the disease.

Overall, the number of survey responses indicating HIV-related stigma declined nearly 20% from 1991 to 1999, the investigators report. Still, one in five respondents to the 1999 survey continued to give stigmatizing responses to three or more survey questions. Roughly 30% of respondents in both the 1997 and the 1999 surveys said they would avoid shopping at a grocery store owned by a person with AIDS.

"A lot of Americans are aware that stigma is still associated with AIDS, and most said they thought people with AIDS are treated differently because of their illness," Dr. Herek said. "Practitioners should ask themselves if they are uncomfortable being around people with HIV or AIDS or those in high risk groups."

He added, "If they harbor deep prejudice at a basic level they need to be careful to not cause damage to their patients, both those already diagnosed with HIV and others afraid to even ask about it. Even if the patient doesn't have it, he or she may have a sibling or child or parent who does, so the physician's prejudice could act as a barrier to effective treatment for all sorts of patients."

"Stigma needs to be recognized as a continuing impediment to HIV prevention and care programs," reiterated Dr. Ronald O. Valdiserri of the CDC .

"We sometimes get all the information, but we refuse to get the message."

Cullen Hightower

National Testing Day-June 27th, 2002

The National Association of People With AIDS is sponsoring the 7th National HIV Testing Day Campaign in June 2002. This campaign is one component of efforts to promote testing and encourage more people to assess their risk, learn their HIV status, and take control of their health and lives. The national campaign generates awareness of HIV and the importance of testing.

However, the real success of the campaign is found in the local communities across the country that get this vital message out to the people. For more information and ideas about implementation, check out the website @ *www.napwa.org*

"Take the HIV Test- Take Control"

There are many HIV testing options: confidential testing, anonymous testing, blood tests, and oral mucosal testing. Call the STD/HIV Infoline at 1-800-233-6668 for a testing site near you. Press "3" for personal assistance anytime during the message.

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Excerpts from March 2002 *American Journal of Public Health* titled "HIV/AIDS Stigma: An Impediment to Public Health"

Dr. Herek's article describes the results of a study on trends in AIDS related stigma and misinformation about HIV transmission in the US during the 1990s. The study concludes that AIDS remains a stigmatized condition, although overt expressions of stigma have declined over the past decade.

Dr. Herek's research is especially significant because it is the first national study to track the extent and direction of AIDS stigma during a critical period of the HIV/AIDS epidemic. Dr. Herek, who has authored several studies on AIDS stigma, compared data from the current survey to results of a previous study he conducted in 1991.

Specifically, the *AJPH* article brings out the fact that many Americans still do not understand how HIV is transmitted, express fear and discomfort toward people who have AIDS, and blame people with the disease for their illness.

Key findings include:

>In 1991, 20 percent of those interviewed believed people who developed AIDS through sex or injection drug use "deserve" their illness. That percentage increased to 28 percent in 1997, then declined to nearly 25 percent in 1999, but was still higher than at the beginning of the decade.

>In 1999, 30 percent of those polled said they would feel uncomfortable having their children attend school with a child who has AIDS, and 22 percent would feel uncomfortable having contact with a co-worker with AIDS.

>The proportion of respondents saying they felt afraid of people with AIDS declined from almost 35 percent in 1999.

>In 1999, 50 percent of people surveyed believed they could develop AIDS from being coughed on by a person with the disease, compared to almost 46 percent in 1991.

>Throughout the decade, roughly half of those surveyed believed they could develop AIDS by sharing a drinking glass.

I strongly encourage all readers of this article to read the March issue of the American Journal of Public Health. Most of the issue is related to HIV/AIDS issues and is very informative. You can access it on line at:

www.ajph.org

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"Circuit Parties" Come Under Scrutiny Over Concerns That They Encourage High-Risk Sex Among Gays

Kaiser Daily Report

Public health officials and many gay activists are concerned that "circuit parties"— all night dance parties designed to raise money for HIV/AIDS and gay organizations— are actually creating environments that foster the kinds of high-risk behaviors that HIV/AIDS prevention groups seek to discourage. Illegal drug use and "random, unprotected sex" have become widespread at such parties, which can last for entire weekends and usually attract "thousands of mostly gay, young men," some of whom travel to several cities on the "party circuit" each year. In a CDC survey conducted last year, 95% of the 295 men who had attended circuit parties within the previous 12 months said they had used "at least one" illicit drug at a circuit party, with Ecstasy, ketamine, crystal meth, and GHB being reported as the most popular drugs among party-goers. 28 percent of participants in the CDC survey also reported engaging in unprotected sex on circuit party weekends. Health officials are concerned that the risk to participants' health may outweigh the financial benefits of such fundraising events.

Gay Men's Health Crisis discontinued throwing its annual circuit party in 1998 due to concerns about the risk-taking behaviors that the events were encouraging. "It became a social phenomenon above and beyond what (we) intended and beyond what (we) could control," Ronald Johnson, an official with the group explained, adding that his organization is "still closing those (funding) gaps" caused by the absence of the annual fundraiser.

Patrick Menasco,whose group organized a circuit party in April, stated that organizers emphasized a "safe-sex, anti-drug message", giving each attendee a handout about drugs and condoms. For his group, "the event is worth it." It's all about balance.

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Recreational use of Viagra Common Nationwide

Kaiser Dailies 6/24

Many cities nationwide have "subcultures" in which men combine Viagra with "club drugs" such as Ecstasy or methamphetamines, leading to possible increases in the incidence of sexually transmitted diseases. A study published in the June issue of AIDS Journal found that 17% of men treated for STDs at San Francisco city health clinics reported using Viagra in the past year, with gay and bisexual men four times more likely than heterosexuals to have used the drug. In addition, the study found that the median age of the men was 32, "suggesting that the men were using Viagra for recreational rather than medical purposes" (Kaiser Dailies 6/11). 43 percent of gay and bisexual men who used Viagra said they mixed the drug with Ecstasy, 28 percent with Speed, and 15 percent with Poppers, a liquid inhalant that "relaxes muscles and heightens sensation during anal sex." Dr. Ronald Valdiserri, the CDC's deputy

chief of sexually transmitted diseases, said that Viagra use at clubs needs to be studied more closely as "another possible factor in sexually reckless behavior." A spokesman for Pfizer Inc., which makes Viagra, said the company markets the drug only to "men 40 and older who suffer from erectile dysfunction" and is opposed to its recreational use.

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Special points of interest:

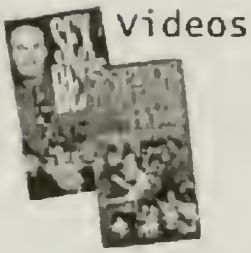
- Better treatment has its perils for prevention
- Website keeps track of promising drugs and treatments
- Jodi Berheim-new STD/Rape and Sexual Assault Health Specialist

Advancements in HIV/AIDS Treatment May Hamper Public Health Messages

Public Health "must promote a message of safe sex at a time when the 'fear of HIV' among gay men has decreased."

The increase in "gay men's confidence in the ability" of combination antiretroviral therapy to "enable HIV positive people to lead normal and longer lives" has made it more difficult for public health officials to promote HIV prevention messages, syndicated columnist George Will writes in a Washington Post opinion piece. Will describes the challenges faced by Dr. Mitchell Katz, director of the San Francisco Department of Public Health, who must promote a message of safe sex at a time when the "fear of HIV" among gay men has decreased. Fear of the virus served as a "powerful motivator" for safe sex among gay men in the 1980s and early 1990s—when "to have unsafe sex was to die." Will writes that increased "confidence" in new treatments has made it more difficult to "protect the uninfected." In addition, he points out that the "behavioral changes of the late 1980s" that led to a decrease in the number of new HIV infections "are not being sustained" as the "decline of fear produces fatalism about the inevitability of unsafe sex." Although the spread of HIV in the US can "largely be contained" by "avoidance of risky behavior" among gay men and intravenous drug users, Will writes that new treatments have allowed many of those individuals to become "complacent" about their participation in unsafe practices. According to Will, the trend has forced public health officials to ask individuals with HIV to share needles or have unsafe sex only with others who have HIV. However, Will writes that the messages have only "very limited utility," concluding that "with AIDS, progress has its perils" (Will, Washington Post, 6/9).

New Video Opportunities



The STD/HIV Prevention Section has recently purchased or recorded some interesting new videos for our lending library.

Two videoconferences from CDC: "Effective Behavioral Interventions for HIV Prevention," recorded May 23, 2002.

"Evaluation: Effective Prevention Practices to Use and Learn From," recorded June 20, 2002.

"Soft Smoke: AIDS in the Rural West," a 28- minute video produced by Fanlight Productions. This video realistically depicts the fact that AIDS is alive and well in the most rural areas of this country. It dispels many of the common myths.

"Little Secrets" is a 60- minute video chronicling ten HIV positive teenagers as they challenge themselves, their disease and the whitewater rapids of the Salmon River. An excellent video for teens and adults alike.

"Community Support is Strong Medicine" is a 17-minute video of three HIV positive Natives sharing their stories.

For more information about viewing any of these videos, contact Margaret Souza @ 444-2675

Condom Non-use Increases with Relationship Duration

The Medical Institute Advisory 3/28/02

A new study from Indiana University School of Medicine evaluated condom use patterns in 106 females from 13 to 22 years of age, recruited from sexually transmitted disease and adolescent health clinics. Findings of the study included:

- The 106 subjects had sexual contact with 359 different sexual partners during the 7-month study period; 133 of these were "established partnerships," and 226 were "new partnerships."
- As the study began, study participants reported using condoms during sexual intercourse 42% of the time.
- During the study period, 66% of first-time sexual encounters with a "new partner" involved condom use. Condom use with "established partners" was less.
- Condom use with a particular partner decreased with time. After 21 days in a "new relationship," the frequency of condom use was essentially the same as in "established relationships" (43% vs. 41%). That is, the likelihood of using a condom with a new partner decreased from 66% during the first sexual encounter with that partner to 43% on day 21 of the partnership.

PTA Addresses Sex ED at Annual Conference (AP 6/24/02)

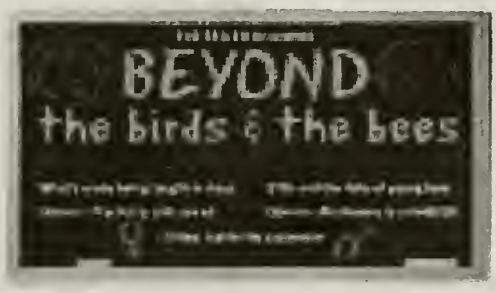
Parents want their school-age children to learn about safe sex, not just abstinence, according to a survey released in June at the National PTA's annual conference. The survey, conducted by the Henry J. Kaiser Family Foundation, found that while 97% of the parents surveyed put abstinence at the top of their list, 85% said students should learn more about condoms and 84% said they should learn more about other forms of birth control.

Half of all high school students are sexually active, said Virginia Witt, a program officer with the foundation. Witt presented findings to parents during one of more than 90 workshops slated for the conference. Approximately 2500 parents attended.

Parents also stressed that sex education should teach children about HIV/AIDS and sexually transmitted diseases. One of the most effective methods of reaching students is to make them aware of the risks,Witt said. Scare tactics should be followed up with sex education classes that encourage students to talk openly about their concerns and seek solutions that are in their own best interest, said Gerald Davolt, an assistant professor of health at California State University-Fresno. He said he tells teens to delay parenthood for as long as they can, and if they are sexually active, he tells them to use a condom "the first time and every time."

The HIV infection rate is nine times higher for gay men than for heterosexual men and women!

CDC Press Packet from Barcelona



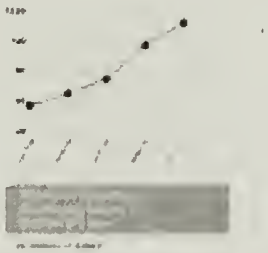
State-Specific Rx Drug Costs

With health care costs on the rise again, the nation's attention is focused on how much we spend on prescription drugs. The Kaiser Family Foundation has just released a new state-by-state analysis of prescription drug costs and spending based on data provided by Verispan Scott-Levin, a pharmaceutical market research firm.

The data show that while total spending of prescription drugs grew 17.3% nationally in 2001, there is wide variation in spending by state—ranging from a low of 12.0% growth in Maine to a high of 25.2% in Alaska. Data for every state, as well as national and regional comparisons, are available through the Foundation's online state data resource, "State Health Facts Online," at http://www.statehealthfactsonline.org/rxspendingtrend

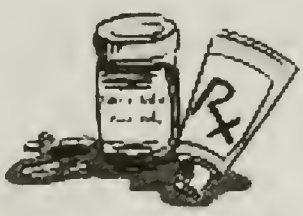
Growth in drug spending is influenced by increases in the number of prescriptions and growth in the average price of a prescription. The average price is on the rise due to increases in the prices of existing drugs, and replacement of older, cheaper drugs with more expensive drugs.

Check out the website to see where Montana rates among the other states.



Site Keeps Track of Promising Drugs & Treatment

The web site "New Medicines, New Hopes," has the latest news on new treatments being developed by US drug companies. The site is managed by the Pharmaceutical Research and Manufacturers of America, which represents the country's leading research-based pharmaceutical and biotechnology companies. Users can search for treatments by disease, medicine or symptoms. The site tracks drug trials from scores of companies for diseases such as cancer, AIDS, depression and Alzheimer's. It also includes feature stories about patients and links to support groups and organizations that offer resources for those coping with disease. Visit *www.newmedicines.org* for more information.



The majority of HIV-positive individuals are sexually active. Condom use at their last sexual encounter ranged from 57% to 75% depending on gender and type of sexual partner.

U.S. Domestic HIV/AIDS Policy discussed in Spain

The discussion on U.S. domestic issues was an interesting addition to the XIV International Conference on AIDS. Five points were raised repeatedly by panelists:

1. The epidemic in the U.S. is not at its end. All of the presenters voiced concern about public apathy around HIV/AIDS. Infection rates are increasing rapidly among some sub-populations, and improved treatment options mean that there are more people living relatively healthy productive lives with HIV/AIDS in the U.S. Panelists worried that growing apathy might lead to reduced funding when, in fact, more people need care and more prevention is needed because more living infected patients translates into more opportunities for transmission.

2. Activists reminded the audience of the vital role played by early protesters in influencing U.S. social and governmental response. The CBO members spoke about the strength of a movement based on grassroots response to tragedy. Strong, vibrant local responses were formed.

3. Panelists asserted that the U.S. epidemic has always been a diverse epidemic. Ana Oliveira of the Gay Men's Health Crisis (GMHC) explained, "From the beginning, the gay community and its allies were way more diverse than we tend to give them credit for being. And also our clients. It was never all white men." Panelists warned that a diversity of strategies must be used to respond to the diversity of those affected, and that all these voices must be included.

4.MSM must not be forgotten in 21st century U.S. prevention and treatment policies and interventions. Ron Valdiserri of the CDC reported that men comprise 70% of new U.S. infections yearly, and of those, 60% are MSM. It hasn't left the gay community, it has expanded into other communities.

5. U.S. policy on HIV/AIDS, both nationally and internationally, is linked to policies, realities, and attitudes toward providing universal healthcare in the U.S.

In the U.S., there remain populations and subgroups both at serious risk and doubly affected by limitations in access to quality healthcare.

Colin Powell Sounds the Alarm

Secretary of State Colin Powell doesn't mind sticking up for what he believes, even when it puts him slightly at odds with the boss and stalwarts in the Republican Party. And that makes him a rare and valuable player on the Bush team. Powell called the global HIV/AIDS pandemic "a catastrophe far worse by orders of magnitude than any other catastrophe or problem or crisis we have on the face of the earth right now.....I went to the President and said this is a catastrophe worse than terrorism....." Powell outlined the steps needed to fight the war on AIDS. "We need to get on education. We need to get on treatment. We need to get on cure. We need to educate our youngsters on how to protect themselves. I'm a believer in protecting oneself, and you may have noticed I got myself in a little trouble recently over the issue." In February, Powell ruffled the feathers of some Christian conservatives when he suggested that sexually active young people should use condoms.

Avoiding Safer Sex Burnout (Colorado Daily 6/4/02)

For nearly 20 years, HIV prevention educators have talked about the merits of condoms and the perils of unprotected sex. They've crossed the lines of race, gender, class and sexual orientation with their message, but now they want to make sure people are still listening. Educators fear the public has become numb to safer sex messages and say that new approaches should be explored. "People are definitely becoming more lax about HIV prevention," said Mark Beyer, coordinator of the Boulder County AIDS Project's (BCAP) MSM HIV Prevention Program. Nationally, gay and bisexual men remain at the highest risk of infection, followed by intravenous drug users. The odds of infection have influenced the behavior of different generations in various ways. Older men, Beyer said, are less likely to engage in risky behavior. "The people who watched their friends die in the late 1980s and early 1990s--that experience has definitely played a role in adapting behavior," he said. "Younger people weren't around to see people walking down the street with lesions on their faces."

BCAP plans to conduct a needs assessment to determine exactly where gay men are with HIV. We need to find out what information people already have, so that we can design programs and interventions that will be most beneficial to that community.

Laurie Kops Selected as New STD Supervisor and Jodi Berheim joins STD/HIV Staff

The DPHHS has selected **Laurie Kops** as the STD Program Manager. Laurie has worked in the STD Program since September 2000. Previous to her time at the DPHHS, she was employed at the Montana Office of Public Instruction for eight years as the HIV Education Specialist. Laurie is excited to undertake the challenges the position has to offer, and expects to see many colleagues on the road in the next few months. Please feel free to contact Laurie at 444-2457 or lkops@state.mt.us with questions or concerns regarding STD issues.

Jodi Berheim is the latest addition to the STD/HIV Staff, taking over as

a Health Services Specialist and Rape and Sexual Assault Program Coordinator. Her educational background is biology as well as two years of medical school. She has worked in South Dakota as a Disease Intervention Specialist. She can be reached at 444-2678 or e-mail her at jberheim@state.mt.us She is a welcome addition to our staff and is looking forward to meeting you in the future.

World AIDS Day Awards—December 2nd

Do you know someone whose **outstanding** efforts have greatly enhanced the HIV/AIDS prevention and AIDS direct service efforts within the State of Montana? Would you like to nominate them for the Governor's World AIDS Day Award co-sponsored by the Montana Office of Public Instruction and the Department of Public Health and Human Services? The DPHHS' criteria for individuals or agencies are:

♥ make outstanding contributions in efforts to ease the spread of HIV/AIDS through creative outreach and testing;

♥ promote extraordinary support for HIV infected individuals

♥ create links between public health and the communities to reduce stigma through education

♥ display personal courage and vision in expanding awareness, sensitivity and response to the HIV/AIDS crisis within their community

Contact Margaret Souza at 444-2675 for an application.

Accountability-Why All Those Reports? Federal Auditors Ask Indiana Dept of Health to Return $$

The Indiana Department of Health owes the federal government $784,499 in incorrectly spent money that was meant to help underinsured people with HIV/AIDS, according to the results of a federal audit, reports the Indianapolis Star. The audit found that the department was liable for the money because AIDServe Indiana, a group that distributes grant dollars to about a dozen organizations that support underinsured people with HIV/AIDS, "inappropriately shifted" funds to non-HIV-related causes. In addition, the auditors said that they could not locate "proper documentation" for an additional $5.3 million in federal money given to the department. State officials disputed the amount of money identified by the audit and said that the department was only liable for $399,999, which should be collected by the federal government in the form of reclaiming leftover grants or reducing future grants. Michael Hurst, Indiana deputy health commissioner, said that the problem was that "AIDServe actually over served," adding that the organization did use the federal money for "other purposes" (Penner, Indianapolis Star, 6/14). In 1998, AIDServe was awarded a contract to administer the disbursement of Indiana's allocation of the Ryan White Care Act, a federal grant named after teenager Ryan White, who lived in Indiana. The grant money was intended to assist underinsured people living with HIV/AIDS. AIDServe was the only organization serving the roughly 900 Indiana residents with HIV/AIDS through a statewide network of service providers. The organization closed in November 2000 due to pressure from the state and mounting debt and filed for bankruptcy in June 2001 with outstanding debts of $922,000.

HHS Secretary Tommy G. Thompson today (7/17/02) announced 95 new grants totaling more than $27.7 million to help communities develop and implement abstinence education programs for young people ages 12 to 18.

MONTANA
Department of Public Health & Human Services

RETURN SERVICE REQUESTED

STD/HIV Prevention Section
1400 Broadway, Room C211
Helena, MT 59620

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